



Regional Health Information Organization

**ROCHESTER RHIO CONSENT FORM FOR MINOR
CONSENTED SERVICES**

*[ONLY USE FOR MINORS RECEIVING SPECIALLY
PROTECTED SERVICES]*

PROVIDER:

The Rochester Regional Health Information Organization (RHIO) is a health records information system that doctors use to help treat patients. If you want to learn more about this kind of information system you can ask your doctor or nurse for the booklet called "Better Information Means Better Care" or you can go to the website www.ehealth4ny.org or www.RochesterRHIO.org

In this Consent Form, you can choose if you want to allow the doctors, nurses and other health care providers in the medical office, clinic or hospital listed on the top of this form, and any health care providers you, your parent or legal guardian have allowed or will allow in the future, to use the Rochester RHIO's computer network to see your medical records. This will help your doctor treat you. You can decide to give permission or deny permission. You can fill out this form now or at another time.

**You will still be able to get medical care or health insurance coverage if you do or don't give consent.
Your parents CANNOT use the Rochester RHIO to see your health information.**

If you check the "I WANT" box below, you are saying "Yes, the doctors, nurses and other health care providers in the medical office, clinic or hospital listed on the top of this form, and any health care providers you, your parent or legal guardian have allowed or will allow in the future, may use the Rochester RHIO to see ALL of my medical records."

If you check the "I DO NOT WANT" box below, you are saying "No, the doctors, nurses and other health care providers in the medical office, clinic or hospital listed on the top of this form OR any other health care providers may not use the Rochester RHIO to see my medical records (except in an emergency)."

Please carefully read the information on the back of this form before you make your decision and sign this form. If you have any questions, ask your doctor or nurse before signing this form.

You have **TWO CHOICES**. Please check one of the boxes below:

- I WANT** the doctors, nurses and other health care providers in the medical office, clinic or hospital listed on the top of this form, and any health care providers I, my parent or legal guardian have allowed or will allow in the future, to use the Rochester RHIO to see ALL of my health information. This information will help the doctors and nurses treat me.
- I DO NOT WANT the doctors, nurses and other health care providers in the medical office, clinic or hospital listed on** the top of this form or any other health care providers to use the Rochester RHIO to see any of my health information. If there is an emergency, the doctors will be able to use the Rochester RHIO to see my health information.

Print Name of Minor Patient

Minor Patient Date of Birth

Signature of Minor Patient

Date

ROCHESTER RHIO MINOR CONSENT FORM INFORMATION

1. How Your Information Will Be Used. Your electronic health information will be used by the doctors, nurses and other health care providers only to:

- Treat you
- Check your health insurance
- Improve the medical care provided to all patients

2. What Types of Information About You Are Included? If you give consent, the doctors, nurses and other health care providers will be able to see all of your health information on the Rochester RHIO. Your health records may include information about injuries (like a broken bone) and test results (like X-rays or blood tests), and lists of medicines you have taken. The doctors and nurses will also be able to see any private and very sensitive health information about you on the Rochester RHIO concerning "Specially Protected Services" like:

- Alcohol or drug use problems
- Birth control and abortion (family planning)
- Diseases that you get through your parent's genes and the tests for these genetic (inherited) diseases
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases (like herpes, syphilis and hepatitis)

3. Health Information About You Comes From. Information about you comes from places that have provided you with medical care (like hospitals, physicians, pharmacies and laboratories) or health insurance. If you want to see a complete list of these places you can ask the physician or nurse treating you or you can check the Rochester RHIO's website at www.RochesterRHIO.org or call 1-877-865-7446.

4. If You Give Consent, Who May See Information About You? Only the doctors, nurses and other health care providers and staff in the medical office, clinic or hospital listed on the top of the consent form, or any providers you, your parent or legal guardian have allowed or will allow in the future, will be able to use the Rochester RHIO to see your medical information. Your parents CANNOT use the Rochester RHIO to see your health information.

5. Penalties for Improper Access to or Use of Your Information. If someone looks at your health information when they are not supposed to, they can get significant penalties. If you think that someone who should not have seen information about you has done so, you should call the medical office, clinic or hospital listed on the top of the Consent Form; or visit Rochester RHIO's website: www.RochesterRHIO.org or call NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

6. Disclosure to Others. The law limits the doctors and nurses from letting other people see your health information. Rochester RHIO and persons who use the Rochester RHIO to see your health information must follow these rules.

7. How Long Will My Consent Last? Your consent to allow the doctors, nurses and other health care provider's access will last until you fill out another form saying that you changed your mind, or until you turn 18, or until the RHIO stops working.

8. Withdrawing Your Consent. If you change your mind and you don't want the doctors, nurses and other health care providers to use the Rochester RHIO to see your records, you should sign a Withdrawal of Consent Form and give it to the doctors and nurses in the medical office, clinic or hospital listed on the top of the Consent Form, or to the Rochester RHIO. You can also change your mind about who can see your records by signing a new Consent Form at any time. You can get these forms on Rochester RHIO's website at www.RochesterRHIO.org or by calling 1-877-865-7446. You should know that even if you change your mind, the medical office, clinic or hospital listed on the top of the Consent Form may make copies of your health information and these copies may stay in your medical record.

9. Copy of Form. You can get a copy of this Consent Form after you sign it.